PRINTED: 12/20/2007 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 344003 | B. WIN | G | | l | 8/2006 |
| | ROVIDER OR SUPPLIER | | · | 201 | ET ADDRESS, CITY, STATE, ZIP CODE 1 STEVENS MILL ROAD DLDSBORO, NC 27530 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| A 006 | body legally responsihospital as an institut have an organized go legally responsible for must carry out the furthat pertain to the god that pertain to the god that pertain to the god that pertain to the god death in the hospital's staff interview, medic documents and revier procedures, the hospito ensure that: A) A patient in restrait accordance with hospito ensure that: A) A patient in restrait accordance with hospito ensure that: C) nursing services with the procedures of part conditions of part | ave an effective governing lible for the conduct of the tion. If a hospital does not overning body, the persons of the conduct of the hospital nctions specified in this part verning body. In the conduct of the hospital nctions specified in this part verning body. In the conduct of the hospital of the hospital structure in the conduct of the hospital of the conduct of the | A | 006 | DEFICIENCY) | | 3/20/06 |
| | resulted in the hospit patients received car A) Cross refer: Tag A | | | | | | |
| L ABORATORY | DIRECTOR'S OR PROVIDER | /SUPPLIER REPRESENTATIVE'S SIGNATUR | F | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | | 344003 | B. WIN | IG | | 03/0 | 8/2006 |
| NAME OF PR | OVIDER OR SUPPLIER | | | 20 | EET ADDRESS, CITY, STATE, ZIP CODE 01 STEVENS MILL ROAD GOLDSBORO, NC 27530 | | |
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| A 006 | and reevaluated as repolicies and procedur 482.12(c) CARE OF | as assessed, monitored, equired by the hospital's res. | | 006 016 | | | 3/20/06 |
| | Based on staff intervi hospital documents, a policies and procedur body failed to ensure procedures were imp patient care needs we U-2/2West. A) Cross refer: Tag | not met as evidenced by: ew, medical record review, and review of hospital res, the hospital's governing hospital policies and lemented and specific ere met in the hospital's A-079 Patient Rights, CFR | | | | | |
| | MD/DO or LIP order f B) Cross refer: Tag 482.13(f)(3)(vi). Hosp restraints at the earlie C) Cross refer: Tag 482.13(f)(5). Hospital monitor, and reevalua who was in restraints D) Cross refer: Tag | A-089 Patient Rights, CFR bital staff failed to end est possible time. A-092 Patient Rights, CFR staff failed to assess, ate the condition of a patient . A-204 Staffing and Delivery | | | | | |
| A 038 | | (b)(3). Hospital staff failed to te the nursing care for each | А | 038 | | | 3/31/06 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIF | PLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | 344003 | B. WING | | 03/ | C 08/2006 | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| A 038 | each patient. | e 2 ct and promote the rights of not met as evidenced by: | A 038 | | | | |
| | Based on medical rec procedures review, he staff interviews, the h promote each patient restraint, and be prov prevent harm. Specifi | cord review, policies and ospital document review and ospital failed to protect and 's right to safety during a ided with staff monitoring to cally, staff did not provide West in accordance with | | | | | |
| | patient safety. A) Cross refer: Tag A CFR 482.13(f)(3)(ii) The hospital failed to patient's rights on U-2 | protect and promote 1 of 1 2/2 West by failing to ensure Pordered restraints prior to | | | | | |
| | patient's rights on U-2 restraints at the earlied C) Cross refer Tag A-CFR 482.13(f)(5) The hospital failed to patient's rights on U-2 | protect and promote 1 of 1 2/2 West by failing to end est possible time. -0092 Patient Rights protect and promote 1 of 1 2/2 West by failing to assess, ate the condition of the straints. | | | | | |
| | CFR 482.13(f)(7) | | | | | | |

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| | OVIDER OR SUPPLIER | 0.77000 | I | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | 1 03/0 | 8/2006 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX (EACH CORRECTIVE TAG CROSS-REFERENCED | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE | JLD BE | (X5) COMPLETION DATE |
| A 038 | hospital by failing to patient that occurred restrained. | protect patient rights in the report to CMS, a death of a while that patient was | | 038 | | | 4/10/06 |
| A 0/3 | RESTRAINT The use of a restrain accordance with the licensed independent State and hospital to The following require | t or seclusion must be in order of a physician or other t practitioner permitted by the order seclusion or restraint. The ments will be superseded by the at are more restrictive. | | 073 | | | 4/10/00 |
| | Based on hospital po hospital document ar nursing staff did not p each episode of restr | not met as evidenced by: licy and procedure review, nd medical record review, procure a physician order for raints for 1 of 1 patient who was restrained for nt. | | | | | |
| | Medical record review revealed patient #1, a was admitted to U-2/1:00am with a diagnor Schizophrenia. Furth record revealed a nu 2-17-06 at 9:45am, was transported to a med she was pronounced | er review of the medical rsing progress note, dated /hich revealed patient #1 was ical hospital via EMS where | | | | | |

| | OF DEFICIENCIES CORRECTION | IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| NAME OF PF | ROVIDER OR SUPPLIER | 344003 | ļ | STRE | ET ADDRESS, CITY, STATE, ZIP CODE | <u> </u> | 8/2006 | |
| CHERRY | HOSPITAL | | | | 1 STEVENS MILL ROAD DLDSBORO, NC 27530 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETION DATE | |
| A 079 | which revealed "Pt warestraints at 7:30 AM watched. No physical when pt was found ur (vital signs) code blue. Hospital policy and pron 3-7-06 revealed, "Seclusion, Restraint/I Initiating Isolation Timestraint 1. Nursing Staff Intervarianed nursing staff in situation requiring em (isolation time out), so is not possible to involve registered nurse, he/s seclusion, or restraint minutes 2. Registered Nurse In Registered Nurse In Registered Nurse who a. Conduct an assess possible but at least vinitiation of ITO, seclusion. b. Contact the treating after the assessment is not available, containmediately): 1) Discuss the results 2) Obtain a written or possible for use of IT least within 1 hour of obtained within an homust be released. c. Document on Form Progress Note | ote dated 2-17-06 at 215pm, as placed back in 4 pt without incident, was being distress noted till 845 AM presponsive and no V.S. a called & CPR started." Toccedure review conducted isolation Time Out/Psychiatric Care." Under, "E. are Out, Seclusion or eventions - When a properly member is presented with a pregency use of ITO eclusion, or restraint, and it alive the patient's physician or she may initiate ITO, and use it for up to 15 | A | 079 | | | | |

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| PREFIX (EACH DEFICIENCY M | MENT OF DEFICIENCIES UST BE PRECEDED BY FULL : IDENTIFYING INFORMATION) | PREFIX (EACH CORRECTIVE ACTION : | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| ITO, seclusion or restrain 2) Assessment of the paraemotional status and leval aggression, with a describehaviors exhibited by the 3) Inadequacy of less results and to the transport and the transporting the patient. 5) Pertinent medical and use of ITO, seclusion or 6) Explanations given to in restrictive intervention release, observation by safety and his/her respoor 7) RN-authorized continuor restraint. 8) Name of physician control of the second appropriate of the control of the | him/her being placed in int. atient's physical and rel of agitation and ription of the specific he patient. estrictive interventions. port the patient to ITO, d the patient's response names of staff members d abuse history relevant to restraints. In the patient regarding why as, behaviors required for staff and assurance of ense. I we discovered the written by staff #1(RN) legible) which read, "Pt control & out of restraints. I was given Haldol 10 mg, on mg IM at 735 A. Placed D.A. VS P-74 R - 18 BP health care technician) in edical record revealed the ar Injections (IM) of the physician on 2-17-06 PHYSICIAN 1. Target lication) Combative, got | A | 079 | | | |

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| A 079 | Review of the Admini on 03/07/2006 reveal written in relation to the "Arrived 7:00 a.m., we ward at 7:10 a.m. Pat - (staff #5 HCT) assig outside the room-wather as supposed to. I wide call for male helpsitting at desk trying the beeper went off or ovoutside room (office) floor, outside restrains was on her stomach - combative and that we She was back in restrains signs. She had been when put back in restrains as her stomach - combative and that we she was back in restrains when put back in restrains when put back in restrains when put back in restrains and pate of the Report revealed staff 7:25 - 7:30 a.m. preparatient - about 5 minus Thorazine 300 mg, post had gotten out of restricts. | estrative Investigation Report and staff #1's (RN)statement are incident on 02/17/2006. And directly to 2W arriving on a ient (patient #1) in restraints and to sit with her. Sitting and keeping an eye on a wasn't involved until a unit a - never heard the call - a o get together. Don't know if a erhead call Stepped as wall men - penned to the at room Already on floor - a that concerns me, but very as the best they could do a taints at time he got vital a very loud and mouthy, but a raints was different. a told me she was like this a tome back and hit you in Administrative Investigation a description a descript | A | 079 | | | |
| | fee(t) out closed of pulled door out of he | er hand - tried to get her door to keep her in the room | | | | | |

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| NAME OF PRO | VIDER OR SUPPLIER | | | 20 | ET ADDRESS, CITY, STATE, ZIP CODE 1 STEVENS MILL ROAD DLDSBORO, NC 27530 | 00/0 | 57 2000 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| | 3-7-06 revealed, "Bet the patient got out of restraint room, reaching west restraint room. So an NCI hold was used on the floor for 10 mir room. Between 7:3 returned to the restrained again in 4 per the review of the question, "What human the outcome?" The are "Documentation of the not done according to got out of restraints and necessitating another of restraints. This would not done according to got out of restraints and necessitating another of restraints. This would not done according to got out of restraints and necessitating another of restraints. This would not documentation by nurseccurrence." | and Action Plan In el Event" reviewed on ween 7:15 a.m 7:30 a.m., restraints and left the ng the area outside the 2 Staff members responded, d and the patient was pinned nutes in front of the restraint 5 a.m 7:40 a.m., she was nt room, her clothes were rinating, and she was point restraints. document revealed the an factors were relevant to nalysis states, restrictive procedure was hospital policy. The patient and left the room, NCI hold and reapplication alld have required a new MD done. There was no rsing staff regarding this | A | 079 | | | |
| A 089 4 | confirmed a physiciar for the NCI hold used restraints. 482.13(f)(3)(vi) ENDII ASAP | strative staff on 3-8-06 I's order was not obtained after patient #1 got out of NG SEC & RESTRAINT or seclusion must be ended | ΑŒ | 089 | | | 3/31/06 |

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| A 089 | Continued From pag | e 8 | А | 089 | | | | |
| | Based on medical rehospital documents, of policy and proced physical restraint end time for 1 of 1 sampl was restrained for be Findings include: Medical record revier revealed patient #1, was admitted to U-2/1:00am with a diagnoschizophrenia. Furtive record revealed a nut 2-17-06 at 9:45am, with transported to a medical she was pronounced on 3-7-06 the hospit Time Out/Seclusion, was reviewed. Under the Patient and Integmilieu", the policy staffom ITO (isolation timestraint as soon as demonstrates the relighysician's order. In remain in seclusion, 30 minutes after mediunless it is during reghours, and the patier morning." | ner review of the medical rsing progress note, dated which revealed patient #1 was ical hospital via EMS, where dead at 9:31am. al's policy entitled "Isolation Restraint/Psychiatric Care" or the section "I. Releasing rating Him/Her Back into the lated "1. Remove the patient me out), seclusion or possible when he/she ease criteria specified in the no case shall the patient ITO or restraint longer than eting the release criteria gularly scheduled sleeping int requests to remain until policy revealed section "G. | | | | | | |

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| A 089 | Interventions: b. Evadetermine the continuor restraint and document restraint restrai | ed "2. Registered Nurse aluate at least every hour to ded need for ITO, seclusion ment assessments on a progress Note Form". Is medical record revealed a partial par | A 089 | | | | |

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| | | 344003 | B. WING | . | | 03/0 | 8/2006 |
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| A 089 | 6:45am - "Loud, cursi contract for safety". 7:00am - "Continue re 7:00am - "loud, cursir 7:15am - "loud, yelling bed". 7:45am - "Pt. Laying it V/S (vital signs) being 8:00am - "Pt has bee 8:15am - "Pt. Quiet. 8:30am - "Pt. still lying 8:50am - "Code Blue The Restrictive Interv dated 2-17-06, reveal attempted to release restraints after 4 cons (7:45am, 8:00am, 8:1 documented patient # bed". Medical record review registered nurse evaluas outlined in the "Iso Restraint/Psychiatric the continued need for On 3-7-06 the hospita for a Root Cause Ana Response to a Sentin The document stated was noted to be lying 8:00a.m., 8:15a.m., a assessment was not not released from res | estraints". Ing, threatening staff". Ing, threatening staff". Ing, cursing @ staff. Shaking In bed, Quiet @ this time. It taking by nurse". In Quiet, Resting in bed". I Just laying in bed". I gin bed, no move". I call, Med. Emergency". I ention for Behavior Record, ed no evidence staff patient #1 from 4-point secutive 15-minute checks 5am, 8:30am) where it was et was "quiet" and "lying in a view and "lying in a view and "lying in a view and patient #1 every hour, lation Time Out/Seclusion, Care" policy, to determine or 4-point restraints. In document, "A Framework alysis and Action Plan In el Event" was reviewed. "The patient (patient #1) quietly in bed at 7:45a.m., | AC | 189 | | | |

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| A 089 | who assisted with part Staff #1 was a registed to U2/2West day shift reported by the time is West) patient #1 was restraint room with apsurrounding her. Accorneceived injections are in bed (restraints) after reported staff #4 (chawent to Employee Hestaff (healthcare tech Staff #1 stated "Every (name of staff #16, wobservation for patient evidence staff #1 atter from 4-point restraints #1 was resting for 4 concects. Staff #16, a healthcar provided 1:1 monitori from 7:45am until the 8:50am. Interview reattempted to release restraints after 4 cons (7:45am, 8:00am, 8:1 documented patient # bed". On 3-8-06 staff #16's The statement reveal clipboard she was quand quiet-could take to me, I'd have taken statement revealed near the statement revealed near | were conducted with staff tient #1 on 2-17-06. ered nurse (RN) who floated to 2-17-06. Staff #1 she arrived to the ward (2 on the floor outside of the oproximately 15 people cording to staff #1, patient #1 and staff got patient #1 back er a few minutes. Staff #1 arge nurse) got injured and ealth. Staff #1 reported other nicians) also left the ward. Abody left except me and tho was providing constant to the #1. Interview revealed no empted to release patient #1 is after it was noted patient consecutive 15-minute | A | 089 | | | |

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| A 089 | Continued From page | e 12 | A | 089 | | | |
| A 092 | confirmed staff made patient #1 from restration possible. Administrative registered nurse did in hourly, according to hour hourly according to hour hour hour hour hour hour hour hou | strative staff on 3-8-06 no attempts to release aints at the earliest time tive staff also confirmed a not evaluate patient #1 nospital policy, to determine at use of 4-point restraints. UOUS ASSESMENT patient who is in a restraint or ntinually be assessed, aluated. not met as evidenced by: cord review, review of staff interviews, and review dures, the hospital failed to monitor, and reevaluate a or 1 of 1 patient sampled restrained for behavior | A | 092 | | | 3/22/06 |
| | revealed patient #1, a was admitted to U-2/2 1:00am with a diagno Schizophrenia. Furth record revealed a nui 2-17-06 at 9:45am, w | ner review of the medical rsing progress note, dated rhich revealed patient #1 was ical hospital via EMS, where | | | | | |
| | revealed a nursing pr at 3:00pm (late entry | ient #1's medical record rogress note, dated 2-17-06 for 9:00am), which stated prox (approximately) 8:45 | | | | | |

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| | ROVIDER OR SUPPLIER | | 20 | EET ADDRESS, CITY, STATE, ZIP CODE 1 STEVENS MILL ROAD DLDSBORO, NC 27530 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| A 092 | (after) HCT (healthca obtain VS. Pt. unresp cyanosis. Unable to (Name of Nurse Mananotified immediately. Further review of patirevealed a late entry nurse practitioner, da (3:10pm). The note sin restraint room @ a difficulty obtaining pt's (check) BP x 1 (which found to be absent of Code Blue Called and progress while transphospital)". On 3-7-06 the hospita for a Root Cause AnaResponse to a Sentin The document reveal on 2-17-06 at 8:50 ampatient #1 was "absel and respirations". The patient #1 was in 4-pc Code Blue was called document revealed p medical problem was evidence of medical i admission to Cherry I On 3-7-06 the hospita Time Out/Seclusion, I was reviewed. The p Isolation Time Out, S Nursing Staff Interver | re technician) unable to consive. Color good - no obtain BP or apical pulse. ager and Nurse Practitioner) Code blue called @8:50A". ent #1's medical record progress note from the ted 2-17-06 at 1510 stated "Asked to evaluate pt pprox 0850 due to having a BP - After attempting to ck in was unobtainable) pt was apical pulse and resp. If CPR initiatedCPR in orted to (name of medical all document, "A Framework allysis and Action Plan In orted to (name of medical after staff discovered in the factor of a pulse, blood pressure, in e document indicated bint restraints when the latent #1's only identified obesity and "There was no instability at the time of Hospital". al's policy entitled "Isolation Restraint/Psychiatric Care" olicy stated "G. During ecclusion, or Restraint 1. Intions a. Monitor the patient erson observation and | A 092 | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 344003 | B. WIN | G | | | C 8/2006 |
| | ROVIDER OR SUPPLIER | | · | 20 | EET ADDRESS, CITY, STATE, ZIP CODE 11 STEVENS MILL ROAD OLDSBORO, NC 27530 | - | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETION DATE |
| A 092 | Progress Note Form" Additionally, under "G Seclusion, or Restrain Nursing Staff Interver following every 15 mi a) Signs of injury. b) Nutrition/hydration c) Vital signs and circ d) Hygiene and elimine) Physical status (e. psychological status (e | 6. During Isolation Time Out, nt", the policy revealed "1. ntions a. 1) Monitor for the nutes: culation. nation g., breathing) and (e.g., increased agitation) for release. traints struggles against the active, observe the patient austion (e.g. change in level creased pulse or breathing, policy, "Isolation Time aint/Psychiatric Care", Isolation Time Out, nt 2. Registered Nurse luate at least every hour to used need for ITO (isolation or restraint and document trictive Procedures Progress s medical record revealed a e., dated 2-17-06 (time ated patient #1 had been ring, chanting, cursing, to comply (with) ward". The revealed staff was "unable" patient #1 and medications, | A | 092 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 344003 | B. WIN | | | 1 | S/2006 |
| | ROVIDER OR SUPPLIER | | , | 20 | EET ADDRESS, CITY, STATE, ZIP CODE 01 STEVENS MILL ROAD OLDSBORO, NC 27530 | 1 00/0 | 5/2000 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETION DATE |
| A 092 | at 5:10am. According #1's behavior "contine" attempted to choke servealed patient #1 withen 4 pt (point) restrapplied correctly". Another nursing prog (time illegible), stated control and out of respo (oral) meds (medical Haldol 10mg, Ativan 2000; 7:35A (am). Place 7:40A. VS (vital signer R(respirations) - 18, El 138/76 20 7:40A". The inthe progress note in patient #1 got out of in Further review of the document "Intramusor Psychotropic Medical Emergencies", dated section, signed and decent 2-17-06 at 7:45am, respirations, hit and section, signed and decent and when patient #1 Further review of the Restrictive Intervention | g to the nursing note patient used to escalate" and she staff member". The note was "Placed in NCI hold and aints at 5:45am. Restraints ress note, dated 2-17-06 a patient #1 was "Very out of traint. Pt (patient) refused cations) and was given 2mg, and Benadryl 50mg IM and back in restraints @ s) P(pulse) - 74, BP (Blood Pressure) - here was no documentation regarding how and when restraints. medical record revealed the cular Injections (IM) of tions for Behavioral 2-17-06. The physician on everaled "Combative, Got out spit on several techs ns) and nurses". The o evidence regarding how got out of restraints. medical record revealed the on for Behavior Record, indicated patient #1 was | A | 092 | DEFICIENCY) | | |
| | I . | . The document revealed ion regarding patient #1's | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUII | | PLE CONSTRUCTION G | (X3) DATE SUF | |
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| | | 344003 | B. WIN | G | | | 8/2006 |
| | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 01 STEVENS MILL ROAD GOLDSBORO, NC 27530 | , | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETION DATE |
| A 092 | office doorway. Lou 6:00am - "Shaking bereases to speak to 6:15am - "Pulling received for setting upyelling, cursing". 6:30am - "Setting upyelling". 6:45am - "Loud, cursing". 6:45am - "Loud, cursing". 7:00am - "Continue 7:00am - "loud, yelling". 7:45am - "loud, yelling". 7:45am - "Pt. Laying". 8:00am - "Pt. Laying | It to choke staff member in d threatening and assaultive". It ded. Pulling at restraints. staff". It straints threatening staff, It in bed, cursing staff, Is in bed, cursing staff, Is ing, threatening, unable to It ing, threatening staff". Ing, cursing @ staff. Shaking If in bed, Quiet @ this time. If ing taking by nurse". If ing taking by nurse". If in bed, Resting in bed". If in bed, no move". If in bed, no move in the ing in bed, no move in the ing in bed in the ing in the ing in bed in the ing in the in | A | 092 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP A. BUILDING | LE CONSTRUCTION | ` ' | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | | 20 | EET ADDRESS, CITY, STATE, ZIP CODE 01 STEVENS MILL ROAD COLDSBORO, NC 27530 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| A 092 | policy "Isolation Time Restraint/Psychiatric nutrition/hydration, vir hygiene and eliminati psychological status, release, and early signature and | Care" (signs of injury, tal signs and circulation, on, physical and meeting the criteria for ans of exhaustion). #1's medical record, the last tal signs was at 7:40am are, dated 2-17-06 - time at hour and 10 minutes awas called. f patient #1's medical record anursing staff evaluated arrly as outlined in the action Time Out/Seclusion, Care". all document, "A Framework alysis and Action Plan In the patient (patient #1) got out the restraint room, reaching a West restraint room. Staff". The document further to documentation in the ding how patient #1 was able as. The document stated the patient (patient #1) and the patient (patient #1) are the patient (patient #1) as able as. The patient (patient #1) are treatment of the patient (patient #1) are treatment and leave the | A 092 | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | | | 20 | REET ADDRESS, CITY, STATE, ZIP CODE 101 STEVENS MILL ROAD GOLDSBORO, NC 27530 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE | (X5) COMPLETION DATE |
| A 092 | to the document, no to obtain patient #1's approximately 8:35al On 3-8-06 statement who assisted with particles of the control | a.m. on 2-17-06". According further attempts were made vital signs until m. s were reviewed from staff tient #1 on 2-17-06. s statement (a registered of the ward (2West) on The statement revealed staff aw clock - hadn't gotten vital and took to him (staff #16, an) at 8:35a.mHe (staff I signs, came and got me". led no evidence patient #1 15 minutes in accordance | A | 092 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SUF COMPLETI | |
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| | | 344003 | B. WIN | IG | | | C 8/2006 |
| | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | 03/00 | 0/2000 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETION DATE |
| A 092 | restraints while being On 3-8-06 interview of confirmed there was medical record regard of restraints. Additions taff did not monitor passoutlined in the host staff confirmed a regipatient #1 hourly to differ restraints. 482.13(f)(7) DEATH IT The hospital must repoccurs while a patient seclusion, or where it that a patient's death seclusion. This STANDARD is Based on hospital pound staff interview, the Centers for Medicical (CMS) a death that orestrained, within the 1 sampled patient (patient). Findings include: Hospital policy and pound 3-7-06 revealed, "Out/Seclusion, Restrapolicy states, "(The Hederal regulations, response of the policy states, "The Hederal regula | ent #1 was able to get out of monitored 1:1. with administrative staff no documentation in the ding how patient #1 got out nally, interview confirmed patient #1 every 15 minutes spital's policy. Administrative stered nurse did not monitor etermine the continued need REPORTING cort to CMS any death that it is restrained or in its reasonable to assume is a result of restraint or not met as evidenced by: licy and procedure review the hospital failed to report to care & Medicaid Services occurred while a patient was required time frame, for 1 of atient #1). | | 092 | | | 3/22/06 |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUII | | PLE CONSTRUCTION G | (X3) DATE SUI COMPLET | |
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| A 199 | state agencies such specific guideline red deaths. Further review of the revealed. "3. The Ho notify the DHHS/MH, Services, Joint Comm Medicare & Medicaid occur while the patie seclusion, or restrain assume that the patie seclusion, or restrain seclusion, or restrain assume that the patie seclusion, or restrain occurred on 2-17-060 restraints to the Cent Medicaid Services (C 482.23 NURSING SE The hospital must has service that provides The nursing services supervised by a regis This CONDITION is Based on medical redocument review and unit U-2/2 West failed in place to assure the ensure that patient mursing staff did not in services. | shall be made to appropriate as DFS in accordance with quirements governing patient policy and procedure spital Director's office shall, the Division of Facility mission and Center for a Services of any deaths that not is in isolation time out, tor where it is reasonable to ent's death is a result of ITO, to ent's death is a result of ITO, to ent's death of I | | 199 | | | 3/22/06 |
| | Immediate Jeopardy | was cited due to the lack of | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | LTIPLE CONS | TRUCTION | (X3) DATE SU COMPLE | |
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| | | 344003 | A. BUIL | OING _ G | | 03// | C |
| NAME OF PR | OVIDER OR SUPPLIER | | | 201 STEVI | PRESS, CITY, STATE, ZIP CODE ENS MILL ROAD BORO, NC 27530 | <u> </u> | 08/2006 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| A 199 | CFR 482.23(b)(3). supervise and monirestraints, in accordand procedures. 482.23(b)(3) RN SUCARE A registered nurse of the nursing care for the nursing care | D204 Nursing Services The registered nurse failed to tor 1 of 1 patients, in ance with hospital policies JPERVISION OF NURSING must supervise and evaluate each patient. Is not met as evidenced by: al record review, review of , staff interviews, and review and procedure, nursing staff the care of a patient for 1 of 1 satient #1) restrained for ment. Specifically, nursing the documentation of patient in minutes in accordance with the wew conducted on 3-7-06 at 35-year-old female who 2/2 West on 2-17-06 at | A 1 | | | | 3/22/06 |
| | she was pronounce Further review of pa | dical hospital via EMS, where d dead at 9:31am. atient #1's medical record progress note, dated 2-17-06 | | | | | |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE SUF COMPLET | |
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| | | 344003 | B. WIN | | | | C 8/2006 |
| | ROVIDER OR SUPPLIER | • | <u>'</u> | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | | - |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| A 204 | "Entered room @ ap (after) HCT (healthca obtain VS. Pt. unres cyanosis. Unable to (Name of Nurse Man notified immediately. Further review of pat revealed a late entry nurse practitioner, da (3:10pm). The note in restraint room @ adifficulty obtaining pt' (check) BP x 1 (whice found to be absent of Code Blue Called an progress while transphospital)". On 3-7-06 the hospith for a Root Cause And Response to a Senting The document revea on 2-17-06 at 8:50 and patient #1 was "absed and respirations". The patient #1 was in 4-periode Blue was called document revealed periode problem was evidence of medical admission to Cherry On 3-7-06 the hospith Time Out/Seclusion, was reviewed. The periode periode problem in the periode periode periode in the periode periode periode in the periode | for 9:00am), which stated prox (approximately) 8:45 are technician) unable to ponsive. Color good - no obtain BP or apical pulse. ager and Nurse Practitioner) Code blue called @8:50A". ient #1's medical record progress note from the ated 2-17-06 at 1510 stated "Asked to evaluate pt approx 0850 due to having s BP - After attempting to ck h was unobtainable) pt was f apical pulse and resp. d CPR initiatedCPR in ported to (name of medical all document, "A Framework alysis and Action Plan In the Event" was reviewed. Ited a Code Blue was called an after staff discovered ant of a pulse, blood pressure, the document indicated oint restraints when the discovering the first staff discovered and the action #1's only identified as obesity and "There was no instability at the time of | A | 204 | | | |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | PLE CONSTRUCTION G | (X3) DATE SUF | ED |
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| | | 344003 | B. WIN | IG_ | | | B/ 2006 |
| | ROVIDER OR SUPPLIER | 1 | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | 1 03/00 | 372000 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETION DATE |
| A 204 | document on the Red Progress Note Form Additionally, under "Seclusion, or Restra Nursing Staff Interversion following every 15 m a) Signs of injury. b) Nutrition/hydration c) Vital signs and circle of Hygiene and elime e) Physical status (expsychological status and comfort. f) Meeting the critering of the patient in restraints or is hyperfor early signs of exton of consciousness, in sweating, etc." Review of patient #1 nursing progress not illegible), which indice "loud, intrusive, cheet threatening - refusing progress note further to effectively redirect Haldol 7.5mg and B (intramuscular), were at 5:10am. According #1's behavior "conting "attempted to choke revealed patient #1 then 4 pt (point) restapplied correctly". | person observation and estrictive Interventions ". G. During Isolation Time Out, int", the policy revealed "1. entions a. 1) Monitor for the ninutes: n. culation. ination e.g., breathing) and (e.g., increased agitation) a for release. straints struggles against the ractive, observe the patient naustion (e.g. change in level creased pulse or breathing, 's medical record revealed a te, dated 2-17-06 (time cated patient #1 had been ering, chanting, cursing, g to comply (with) ward". The r revealed staff was "unable t" patient #1 and medications, | A | 204 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 344003 | B. WIN | | | | C 8/2006 | |
| NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL | | | • | STREET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | | | | |
| (X4) ID PREFIX TAG | | | I | ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY) | | ILD BE | (X5) COMPLETION DATE | |
| A 204 | (time illegible), stated control and out of respo (oral) meds (medichaldol 10mg, Ativan 20, 7:35A (am). Place 7:40A. VS (vital signs R(respirations) - 18, Ill 138/76 @ 7:40A". Thin the progress note repatient #1 got out of restraint #1 got out of restraints, hit and section, signed and description 2-17-06 at 7:45am, reof restraints, hit and section, signed and description and when patient #1 Further review of the Restrictive Intervention and when patient #1 Further review of the Restrictive Intervention dated 2-17-06, which placed in 4-point rest 8:50am, at which time code blue was called the following informat restraint episode on 2 5:45am - "Attempted office doorway. Loud 6:00am - "Shaking be Refuses to speak to section of the structure of the section of the | patient #1 was "Very out of traint. Pt (patient) refused cations) and was given 2mg, and Benadryl 50mg IM and back in restraints @ s) P(pulse) - 74, BP (Blood Pressure) - Here was no documentation egarding how and when estraints. medical record revealed the ular Injections (IM) of the ions for Behavioral 2-17-06. The physician and the physician on everal techs and nurses". The providence regarding how got out of restraints. medical record revealed the physician on everal techs and nurses. The providence regarding how got out of restraints. medical record revealed the period of the ion for Behavior Record, indicated patient #1 was reaints from 5:45am - et a. The document revealed ion regarding patient #1's 2-17-06: to choke staff member in threatening and assaultive". et a. Pulling at restraints. | A | 204 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL | | | ' | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | , | <u></u> | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX (EACH CORRECTIVE TAG CROSS-REFERENCED | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | CTION SHOULD BE O THE APPROPRIATE | | |
| A 204 | contract for safety". 7:00am - "Continue r 7:00am - "loud, cursi 7:15am - "loud, yellin 7:30am - "loud, yellin 7:30am - "loud, yellin bed". 7:45am - "Pt. Laying V/S (vital signs) bein 8:00am - "Pt has bee 8:15am - "Pt. Quiet. 8:30am - "Pt. still lyin 8:50am - "Code Blue The Restrictive Intervevealed no docume gotten out of restrain 8:50am. On the Restrictive Intervevealed no docume gotten out of restrain 8:50am. On the Restrictive Intervevealed no docume gotten out of restrain 8:50am. On the Restrictive Intervevealed food/fluid According to the doc toileting at 7:15am, 7 Additionally staff doc applicable) for ROM 6:30am, 7:00am, 7:1 was no evidence on for Behavior Record required components every 15 minutes as policy "Isolation Time Restraint/Psychiatric nutrition/hydration, vi hygiene and eliminat psychological status, release, and early sig | estraints". ng, threatening staff". ng, threatening staff". ng, threatening staff". ng, threatening staff". ng, cursing @ staff. Shaking in bed, Quiet @ this time. ng taking by nurse". ne Quiet, Resting in bed". ng in bed, no move". ne call, Med. Emergency". Idention for Behavior Record nation that patient #1 had ts at any point from 5:45am - tervention for Behavior ne staff documented patient at 6:45am, 7:45am, 8:15am. nument, patient #1 refused 1:45am, and 8:15am. numented "N/A" (not (range of motion) at 6:15am, 5am, and 7:30am. There the Restrictive Intervention that staff monitored the sof patient #1's condition outlined in the hospital's e Out/Seclusion, Care" (signs of injury, tal signs and circulation, ion, physical and meeting the criteria for | A | 204 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | 344003 | B. WING | B. WING | | C 8/2006 |
| NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL | | | 20 | EET ADDRESS, CITY, STATE, ZIP CODE 01 STEVENS MILL ROAD OLDSBORO, NC 27530 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| A 204 | (nursing progress not illegible, which was 1 the Code Blue was can Review of the hospitator a Root Cause And Response to a Sentir 7:15a.m7:30a.m., the frestraints and left to the area outside the amembers responded revealed there was not medical record regard to get out of restraints. "Policy requires 1:1 no patient is in restraints was able to get out of restraints. "Policy requires 1:1 no patient is in restraints was able to get out of restraint room before." Further review of "A I Analysis and Action For Sentinel Event" reveat documentation in the known that the patier vital signs was 7:40 at to the document, not to obtain patient #1's approximately 8:35ar. On 3-8-06 administration of the properties of the policy. 2. Based on medical hospital policy. 2. Based on medical hospital policy and failed to ensure documents. | tal signs was at 7:40am te, dated 2-17-06 - time hour and 10 minutes before alled. al document, "A Framework alysis and Action Plan In nel Event" revealed "Between ne patient (patient #1) got out the restraint room, reaching 2 West restraint room. Staff". The document further o documentation in the ding how patient #1 was able s. The document stated nonitoring by staff when a s. The patient (patient #1) if restraints and leave the staff intervened". Framework for a Root Cause Plan in Response to a alled "The last verifiable medical record in which it is not (patient #1) definitely had non 2-17-06". According further attempts were made vital signs until m. tive staff confirmed nursing patient #1 in accordance with record review, review of staff interviews, and review procedure, nursing staff | A 204 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 344003 | B. WIN | | | | C 3/08/2006 | |
| NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | I | ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY) | | LD BE | (X5) COMPLETION DATE | |
| A 204 | for continued restrain policy for 1 of 1 samp restrained for behavior Review of the policy, Out/Seclusion, Restrained for During Seclusion, or Restrained Interventions: b. Evadetermine the continutime out), seclusion, or assessments on Restrained the continutime out), seclusion, or assessments on Restrained Form. Review of patient #1's evidence nursing staffleast hourly as outline "Isolation Time Out/S Restraint/Psychiatric Review of the hospitate for a Root Cause And Response to a Sentine was also failure of the assessment of the parameter in | t as outlined in hospital alled patient (patient #1) or management. "Isolation Time aint/Psychiatric Care", Isolation Time Out, at 2. Registered Nurse luate at least every hour to used need for ITO (isolation for restraint and document trictive Procedures Progress as medical record revealed no of evaluated patient #1 at each in the hospital's policy ecclusion, Care". If document, "A Framework alysis and Action Plan In the IE event" revealed "There are RN to conduct an hourly attent while in restraints" and tents were not documented with administrative staff aff did not conduct hourly int #1 while she was in coordance with hospital Trecord review, review of staff interviews, and review procedure, nursing staff toring of a patient's vital | A | 204 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED C | |
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| | | | A. BUILDIN | NG | | | |
| | | 344003 | B. WING _ | | 03. | /08/2006 | |
| NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL | | | sı | REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530 | | | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| A 204 | administration of psych 1 sampled patient (pabehavior managemer On 3-8-06 the hospital entitled "Medication Areviewed. The policy pressures and pulses recorded prior to and injectable anti-psychologore. Inability to obtine pulse must be docum Medical record review progress note, dated which stated patient and out of restraint. I meds (medications) a Ativan 2mg, and Beniam (vital signs) P(pulse) (Blood Pressure) - 13 no documentation of minutes after she recomedications at 7:35al Further review of patine revealed the docume (IM) of Psychotropic I Emergencies, dated a section, "II. After injet #3 (vital signs) was let Review of the hospitation of a Root Cause And Response to a Sentir | chotropic mediations for 1 of atient #1) restrained for atient #1's medical record at "18. Blood a shall be taken and 30 minutes after an atic or injectable anti-anxiety tain a blood pressure and/or mented". If the versue and a nursing 2-17-06 (time illegible), and was given Haldol 10mg, adryl 50mg IM @ 7:35A restraints @ 7:40A. VS - 74, R(respirations) - 18, BP 18/76 @ 7:40A". There was patient #1's vital signs 30 eived IM psychotropic m. The versue and procedure a | A 20- | 4 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------|
| | | | B. WING | | | С | |
| 344003 | | 344003 | | _ | | 03/08 | 8/2006 |
| NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL | | | | ı | EET ADDRESS, CITY, STATE, ZIP CODE 01 STEVENS MILL ROAD | | |
| CHERRY | HOSPITAL | | GOLDSBORO, NC 27530 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREF TAG | | (EACH CORRECTIVE ACTION SHOUL | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | |
| A 204 | Continued From page 29 | | A 204 | | | | |
| A 204 | On 3-8-06 interview v confirmed nursing sta #1's vital signs 30 min | vith administrative staff aff did not monitor patient nutes after receiving IM ions on 2-17-06 at 7:35am. | A | 204 | | | |
| | | | | | | | |